

03560.002127



PATENT APPLICATION

#30/5
10
11/29/02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
TOSHIK ICHIZAKI) Examiner: M.A. Anderson
Application No.: 09/048,795) Group Art Unit: 1765
Filed: March 27, 1998)
For: PRODUCTION APPARATUS AND)
METHOD FOR MAKING FLUORIDE)
CRYSTAL AND CRUCIBLE FOR USE)
IN THAT METHOD) November 25, 2002

Commissioner for Patents
Washington, D.C. 20231

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AMENDMENT

Sir:

In response to the Office Action dated August 26, 2002, please amend the
above-identified application as follows:

IN THE CLAIMS:

Please cancel Claims 54, 60 and 61 without prejudice.

Please amend Claims 55-59 to read as follows. A copy of the amended claims,
marked up to show the changes is submitted herewith.



1765

In re Application of:

TOSHIO ICHIZAKI

Application No.: 09/048,795

Filed: March 27, 1998

For: PRODUCTION APPARATUS AND
METHOD FOR MAKING FLUORIDE
CRYSTAL AND CRUCIBLE FOR USE
IN THAT METHOD

THE COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Docket No. 03560.002127.

Examiner: M.A. Anderson

Group Art Unit: 1765

Date: November 25, 2002

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Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 13	MINUS	** 20	= 0	x \$9 \$18	\$ 000.00
INDEP. CLAIMS	* 2	MINUS	*** 3	= 0	x \$42 \$84	\$ 000.00
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 000.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

°Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$_____ is enclosed.

Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 38,586

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